IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PATENT APP	LICATION SERIAL NO	10/791,159
FILING DATE		March 1, 2004
	HIP	
	UNIT	
EXAMINER		Raleigh W. Chiu
ATTORNEY'S	DOCKET NO	FL12-057
THILE:	Drop Gaming Machine With Varying Symbol Scoring Zones Bias Prevention	and Automatic
2	Bias Prevention	

TRANSMITTAL LETTER AND CERTIFICATE OF MAILING

o: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 From: Randy A. Gregory Gregory I.P. Law

PTO Customer No. 39279

P. O. Box 31090

Spokane, WA 99223-3018 Telephone 509/245-3033 Telefax 509/245-3833

Enclosed are:

- PTO Return Postcard Receipt 1.
- Transmittal Letter and Certificate of Mailing 2.
- 3.
- Response to Office Action
 Check # 3433 for \$510.00, 3-month extension fee 4.

5.

[] Large Entity Status Applies. Small Entity Status is claimed. [x]

Authorization Re: Deposit Account: The undersigned hereby authorizes the Patent and Trademark Office to charge Deposit Account 502881 for any fees or to credit any overpayments in connection with this application and the papers being filed herewith.

Date: 7.6. 11, 2005

Respectfully submitted,

02/18/2005 YPOLITE1 00000009 10791159

510.00 OP 01 FC:2253

Randy A. Gregory Reg. No. 30,386

Attorney/Agent for Applicant

CERTIFICATE OF MAILING

By:

I hereby certify the items listed above as enclosed are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below-indicated date.

Dated: 7.4. 11, 2005

Signature: Name:

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APPLICANIA			

			FEE TYPES				Amount (\$)
BASIC FEE (770/385)			,			_
CLAIMS FEES	Claims Remaining Number After Any Allowe	Minus the Larger		Equals	Times		
		Number Allowed in		Excess Claims For Which Fees Are Now Due	Rate (\$)		
		Base Fee			Large Entity	Small Entity	
Total Claims		20			18	9 =	
Indep. Claims		3			86	43 =	
response unde	FEES (\$) ktension of a shor or 37 CFR 1.136(a o maintain the pel) is requested a	s indicated or	1 Month 2 Month 3 Month 4 Month 5 Month	110 430 980 1,530 2,080	55 215 510 765 1,040	×
Any Extension Fee Believed Needed							510
ANY OTHER F	EES						
					TOTAL FE	ES OWED_	510